Applicability: UW Medicine

Policy Title: Identifying, Reporting and Returning Overpayments Related to Government Reimbursement

Policy Number: COMP.204

Superseded Policy(ies) or Entity Policy: N/A

Date Established: July 30, 2012

Date Effective: October 16, 2023

Next Review Date: October 16, 2026

PURPOSE

This policy sets forth a framework for UW Medicine entities to identify, report and return overpayments.

This policy applies to all healthcare services for which UW Medicine has submitted a claim and received payments from a government source, such as a federal healthcare program, or if a government source funded any portion of the payment received.

This policy does not apply to routine processing errors. Routine processing errors should be corrected by the individual who detects the error by following applicable entity procedures for reconciling such errors.

DEFINITIONS

See UW Medicine Compliance Glossary.

POLICY

The Fraud Enforcement and Recovery Act of 2009 (PL 111-21 amending 31 U.S.C 3729(b)(3)) subjects healthcare providers, as well as their vendors and subcontractors, to penalties under the False Claims Act for failure to identify and return overpayments. The Patient Protection and Affordable Care Act of 2010 (PL 111-148 Section 6402(a)) requires that overpayments be reported and returned within 60 days of the date that they are "identified."

UW Medicine makes all reasonable efforts to promptly recognize and correct billing errors, including those that cause overpayments. In accordance with the Patient Protection and Affordable Care Act of 2010, overpayments will be reported and returned within 60 days after being identified. For purposes of this policy, the date of identification is the date upon which a billing error has been both identified and quantified and corresponds with the definition of "identification" as described in the Centers for Medicare & Medicaid Services (CMS) Medicare Program's Reporting and Returning of Overpayments Final Rule (also known as the "60-Day Repayment Rule"), effective March 14, 2016.

REGULATORY/LEGISLATION/REFERENCES

- Administrative Remedies for False Claims and Statements, 31 U.S.C. § 38.
- False Claims Act (FCA), 31 U.S.C. §§ 3729 – 3733, and amendments to FCA contained in the Patient Protection and Affordable Care Act of 2010, Pub. L. 111-148, 42 U.S.C. § 18001 (2010).
- Fraud Enforcement Recovery Act (FERA) of 2009, Pub. L. 111-21, 123 Stat. 1617.
- Noridian Part A Overpayments Information, Jurisdiction F – Part A, Noridian
- Noridian Part B Overpayments Information, Jurisdiction F – Medicare Part B
- RCW 74.66 Washington State Medicaid Fraud False Claims Act.
- Whistleblower actions and protection laws that accompany FCA, FERA and the Administrative Remedies
- Medicare Program; Reporting and Returning of Overpayments (Final Rule), Centers for Medicare & Medicaid Services (CMS), 42 C.F.R. §§ 401 and 405. (Effective March 14, 2016)

PROCEDURE ADDENDUM(s) REFERENCES/LINKS

- UW Medicine Compliance Glossary
- COMP.003 Auditing and Monitoring
- COMP.005 Compliance Investigations
- COMP.006 Corrective Actions
- COMP.201 Fraud, Waste and Abuse Prevention
- Children's University Medical Group, 100.016 Fraud, Waste and Abuse Prevention

ROLES AND RESPONSIBILITIES

I. UW Medicine utilizes the most current federal guidance for compliance programs to prevent and detect problems. When a potential billing error is discovered by an individual outside the compliance program, the individual is responsible for notifying UW Medicine Compliance. Potential errors that may have led to an overpayment are given top priority for review by Compliance, which initiates an investigation to determine if an error has actually occurred. If an error is confirmed, Compliance conducts further analysis to determine if the error led to an overpayment.

II. UW Medicine will correct defective claims submission processes as quickly as possible. If a delay in making such corrections would result in improper payments for continued billing, the entity will immediately stop related billing until the process is corrected.

III. Overpayments:

A. When it has been determined that an overpayment exists, Compliance will:
   1. Calculate the overpayment, with the assistance of internal stakeholders, and/or external legal counsel, as applicable;
   2. Consult with management and/or legal counsel as necessary to determine the method by which the error will be reported to the applicable agency or payment contractor;
   3. In accordance with government agency directions,
      a. Notify the appropriate agency or payment contractor in writing;
      b. Return the overpayment;
   4. Assure that the appropriate leadership is notified of the overpayment; *and*
   5. Notify the appropriate government agency when circumstances will not allow the return of an overpayment within 60 days of identification and quantification.

B. Where overpayments are implicated in a Cost Report, staff in the Finance department are responsible for reporting and returning overpayments by the date of the corresponding final cost report.

C. If an overpayment is detected or suspected or if there are questions as to any billing practice, individuals should report these concerns to UW Medicine Compliance:
    a. Main line: 206.543.3098 (local) or 855.211.6193 (toll free)
    b. Anonymous Compliance Hotline: 206.616.5248 (local) or 1.866.964.7744 (toll free)
    c. Fax: 206.221.5172
    d. Email: comply@uw.edu

APPROVALS

/s/ Beth DeLair
Beth DeLair
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Associate VP for Medical Affairs, UW

10/20/2023
Date